

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

18 AM 11:19

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
Elizabeth for MA, Inc.

ADDRESS (number and street) **P.O. Box 290568**

Check if different than previously reported. (ACC)

Boston **MA** **02129**
 CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** **C** **C00500843**
 3. IS THIS REPORT ☒ **NEW (N)** OR ☐ **AMENDED (A)**
 4. STATE **MA** DISTRICT **00**
 For Candidates Only

5. **TYPE OF REPORT** (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2) and/or Semi-annual Report
☒ October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE) and/or Semi-annual Report
 July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report
 (c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Special (12S) Convention (12C)
 Election on M M / D D / Y Y Y Y in the State of See Line 6(b)
 (d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y in the State of See Line 6(b)
 This report also covers the semi-annual period

6. Covered Period(s)
 (a) Quarterly/Monthly/Pre-/Post-Election Covered Period
 This report covers M M / D D / Y Y Y Y through M M / D D / Y Y Y Y and/or
 08 18 2012 09 30 2012
 (b) Semi-annual Covered Period
 January 1 - June 30
 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs
 (a) Quarterly/Monthly/Pre-/Post-Election Covered Period
 (b) Semi-annual Covered Period
 , 41068.32 , , ,

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Bruce Mann**

Signature of Treasurer  Date **10/03/2012**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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